

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

LC 058697(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA UNIT 1/11

9. WELL NO.

131

10. FIELD AND POOL, OR WILDCAT

MALJ. G-SA REPRESS

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 25, T. 17S, R. 32E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☐ OTHER WUW

2. NAME OF OPERATOR

Continental

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660'N - 1980'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

18.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other) INSTALL CASING

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

In order to improve injection efficiency, the following work is proposed: Pump 3000 gals treated fresh wtr. Acidize w/3,600 gals 28% acid. Run 4 1/2" 10.23# FS-K-55 casing & set @ ± 4025' w/150 sks. Drill out & press. test to 1,000#. Place back on injection.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

10-11-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 15 1974

DATE

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

1565-S, MCA-3, File